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FEB 16 2022

JULIA C. DUDLEY, CLERK

BY:

DEPUTY CLERK

IN THE UNITED STATES DISTRICT  
COURT FOR THE WESTERN DISTRICT  
OF VIRGINIA

For use by inmates filing a complaint under CIVIL RIGHTS ACT, 42 U.S.C. §1983

Daniel Neil Jackson

Plaintiff full name

1182398

Inmate No.

v.

CIVIL ACTION NO.

7:22-CV-00090D. Dameron, RN.; Dr. K. Smith; Augusta Correctional Center

Defendant(s) full name(s)

Medical Dept.

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A. Current facility and address: Augusta Correctional Center1821 Estaline Valley Rd., Craigsville, VA 24430B. Where did this action take place? Augusta Correctional Center

C. Have you begun an action in state or federal court dealing with the same facts involved in this complaint?

       Yes  ✓   No

If your answer to A is Yes, answer the following:

1. Court: \_\_\_\_\_

2. Case Number: \_\_\_\_\_

D. Have you filed any grievances regarding the facts of this complaint?

  ✓   Yes       No

1. If your answer is Yes, indicate the result:

Unfounded

2. If your answer is No, indicate why:

## E. Statement of Claim(s)

Claim #1 - In 2019 I was suffering from pain in my right leg (knee, hip and achilles) and numbness in my heel. After several visits to outside specialists I was diagnosed as having nerve damage in my right leg. I was prescribed medications for pain, given an ankle sleeve for support, assigned bottom bunk status, and scheduled for further specialist care.

Upon arrival at Augusta Correctional Center in January of 2020 my ankle sleeve was confiscated and not returned, without any justification. Dr. K. Smith refused to even follow-up on this matter. Furthermore, I was put into a pod that was up two flights of stairs, requiring me to walk up and down the stairs numerous times each day to get my medications and food. These actions caused increased pain in my damaged leg, and Dr. Smith failed to address my complaints.

Claim #2 - In March of 2020 I was hired to work in the Apparel Shop. One requirement is that employees wear boots or have a medical exemption. As the wearing of boots caused me extreme pain and discomfort I requested for Dr. Smith to issue a medical exemption. According to him, there was 'no such thing' and 'if there is, he would not issue one.' He had no medical reason for this, except that he just didn't want to.

Because of the pain and discomfort experienced by the wearing of the hard-soled boots, I was forced to resign from the Apparel Shop. I was out of work from June 2020 until January 2022 when I was given a houseman job - losing seven months of pay. (Approximately \$60.00 per month). MCV later prescribed soft, supportive insoles as treatment.

Claim #3 - A final visit to MCV in July 2021 determined that surgery was not necessary at this time (it was not an emergency). It was ordered that I continue on pain medications, & receive physical therapy. Dr. Smith has never given me any physical therapy, nor has he issued any prescribed physical therapy. He has not in any way followed up with me regarding my ongoing medical issue - even though I have sent a number of requests.

In Oct. 2021 my prescribed pain meds were discontinued. According to Nurse V. Hallse, I did not get enough of my Cymbalta to continue - even though I explained that having to walk up and down a staircase multiple times a day exacerbated the injury and often it was more detrimental for me to pick up the days dosage.

Furthermore, my Ibuprofen - which often helped more so than the Cymbalta, and which I did pick up regularly - was discontinued. According to RN D. Dameron, Ibuprofen is available for purchase on Commissary and the Medical Dept. is not responsible for providing treatment of my pain. After multiple requests to see the Doctor about renewing, each of which was denied by Dameron, I explained I could not afford to regularly purchase the dosage I was taking daily. Nurse Dameron stated "Just buy some Suboxone off the yard like everyone else does."

The pain has caused me to suffer from lack of sleep for past 3 months, and mental and physical anguish.

- E. Statement of Claim(s): State briefly the facts in this complaint. Describe what action(s) each defendant took in violation of your federal rights and include the relevant dates and places. Do not give any legal arguments or cite any cases or statutes. If necessary, you may attach additional page(s). Please write legibly.

Claim #1 – Supporting Facts – Briefly tell your story without citing cases or law:

~~Suffering pain in right leg and loss of feeling in right foot~~  
~~Mer determined not to operate at the time – prescribed that I continue~~  
~~on pain meds and begin physical therapy. Dr Smith neglected to follow-up~~  
~~with forced, and has since denied any treatment.~~

Claim #2 – Supporting Facts – Briefly tell your story without citing cases or law:

~~Dr. Smith never carried out any physical therapy. The Ibuprofen~~  
~~(which was helping to alleviate pain) prescribed was discontinued in~~

~~Oct. 2021. Nurse Dameron refused to schedule an appointment for renewal~~  
~~saying "Ibuprofen is available on commissary". When I told her I could~~  
~~not afford it, she told me "Get Suboxone off the yard like everyone else does."~~  
~~The pain has caused lack of sleep and extreme anguish.~~

- F. State what relief you seek from the Court. Make no legal arguments and cite no cases or statutes.

Compensation for 7 months of lost pay (Approx. \$420.00)  
To be treated for the pain and be compensated for the loss of sleep  
and physical, mental, and emotional anguish suffered over past 3 months.

- G. If this case goes to trial do you request a trial by jury? Yes X No

- H. If I am released or transferred, I understand it is my responsibility to immediately notify the court in writing of any change of address after I have been released or transferred or my case may be dismissed.

DATED: 1-31-22


SIGNATURE: 

VERIFICATION:

I, Daniel Neil Jackson, state that I am the plaintiff in this action and I know the content of the above complaint; that it is true of my own knowledge, except as to those matters that are stated to be based on information and belief, and as to those matters, I believe them to be true. I further state that I believe the factual assertions are sufficient to support a claim of violation of constitutional rights. Further, I verify that I am aware of the provisions set forth in 28 U.S.C. §1915 that prohibit an inmate from filing a civil action or appeal, if the prisoner has, on three or more occasions, while incarcerated brought an action or appeal in federal court that is dismissed on the grounds that it was frivolous, malicious, or failed to state a claim upon which relief may be granted, unless the prisoner is imminent danger of serious physical injury. I understand that if this complaint is dismissed on any of the above grounds, I may be prohibited from filing any future actions without the pre-payment of the filing fees. I declare under penalty of perjury the foregoing to be true and correct.

DATED: 1-31-22

SIGNATURE: 

See Attached 

Daniel Jackson # 1182398

ACC

1821 Estaline Valley Rd

Craigsville, VA 24430



Clerk, United States District Court

210 Franklin Road, SW, Suite 540

Roanoke, VA 24011-2208

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